2026-27 Broward County Public Schools Student Emergency Contact Card

This form shall be updated every year

Office Use Only				
	Student #	Grade Level:	☐ Court Order	☐ Medical
	Date Enrolled:		☐ Special Needs	☐ Other

In the case of an emergency, it is imperative that the school be able to reach the student's parents (as defined below). Please fill in the information on both sides of this card carefully and accurately. Please use ink and print clearly. The names of both parents of a student (as defined in the Section 1000.21(6), Florida Statutes), the parent(s)/guardian(s) shall be listed on the emergency contact card as persons authorized to pick up the child from school except where a court order has revoked the parental rights, and a certified copy of such court order has been provided to the school office. Both parents shall designate on the Emergency Contact Card those persons authorized to pick up their child from school. No parents shall delete or in any way alter the names provided by the other parent on the Emergency Contact Card.

Student Information			
	Last Name:	**First:**	**Middle:**
	Date of Birth: / /	**Teacher (elementary school only):**	
	Home Address:		
	Mailing Address (if different from above):		
	Check any that apply to student residents: ☐ Medical ☐ Court Order ☐ Special needs ☐ Other		
	Has student changed address since last registration? ☐ Yes ☐ No		
	Is there a court order on file that prevents a parent from having contact with the student? ☐ No ☐ Yes, contact school		
	Preferred Name(s)/Nickname(s):		
	All staff may refer to my child by the preferred name(s) or nickname(s) listed above on all unofficial documents and during school/district events.		
	Signature:	**Date:**	**Relationship:**

Parent			
	Last Name:	**First:**	**Cell Phone:**
	Home Address (if different from student):	**City, State, Zip:**	**Home Phone:**
	Employer:	**Work Phone:**	**Parent Email:**

Other Parent			
	Last Name:	**First:**	**Cell Phone:**
	Home Address (if different from student):	**City, State, Zip:**	**Home Phone:**
	Employer:	**Work Phone:**	**Parent Email:**

Authorized Release/Contact			
	Please list the names of persons to whom we may release your child or whom we may contact if we cannot reach you. NO STUDENT WILL BE RELEASED TO ANYONE OTHER THAN THE PERSONS LISTED BELOW. Both parents may designate on the Emergency Contact Card the persons authorized to pick up their child from school. In selecting someone to whom you authorize the release of your child, consider whether this person is prepared to handle any special medical needs required by your child. I/We hereby authorize contact with the release of emergency-related information, or the release of the student to the following persons in the event of illness, evacuation, or other emergency that may occur while the student is in school.		
	Name:	**Relationship:**	**Phone:**
	I declare that the information on this card is true and correct. I will notify the school office immediately of any changes:		
	Signature:	**Date:**	**Relationship:**

The personal information you provide on this form will be kept confidential (in a protected area) and only used and disclosed by school staff on a need-to-know basis.

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Student Last Name: First: Middle: Grade Level:

Health Services Consent

Consent for School Clinic Services: Care and treatment for illness and injury (For example: School Clinic Visits for stomachache, headache, cold/flu symptoms, nosebleed, Band-Aid for cuts and scrapes, etc.).

☐ **YES,** I give consent for my child to receive care from the school nurse, trained healthcare personnel, or trained school staff during the school day and at off-site school activities, including field trips.

☐ **NO**, I understand that my child will **NOT** receive any non-emergency care from the healthcare personnel or school staff.
If this section is left blank or unsigned, school personnel will **NOT** be able to care for your child unless there is a medical emergency.

State Mandated Health Screenings, F.S. 381.0056(3): Students in state-mandated screening grades (Kindergarten, 1st Grade, 3rd Grade, and 6th Grade) will receive specified health screenings for vision, hearing, growth and development, and scoliosis as provided for in the district health services plan. A student will be exempt from any health screening if his or her parent or guardian requests such exemption in writing.

I consent to my child receiving health services as indicated above. I understand if consent is granted; BCPS will disclose my child's education records (including medical information) to contracted nursing vendors who provide treatment to my child.

Signature: **Date:** **Relationship:**

Medical Information

Medical Information must be reported every school year and as changes occur. Information regarding health conditions reported in previous years will not be considered current unless indicated below. If you check that your child has a current health condition, you must complete the *Health Condition Review Form* AND submit documentation from a healthcare provider to your child's school.

☐ **My child does NOT have or no longer has any of the health conditions listed below**

Please check all health conditions that are current and have been diagnosed by a healthcare provider:

☐ ADD/ADHD	☐ Allergies (Non-life-threatening)	☐ Allergies (Life-threatening)	☐ Asthma (currently uses daily or emergency medication)
☐ Autism	☐ Bleeding disorder	☐ Cancer	☐ Cardiac conditions
☐ Cystic fibrosis	☐ Diabetes – Type 1	☐ Diabetes – Type 2	☐ Epilepsy/ Seizure disorders (**NOT** including seizures from high fever)
☐ Kidney disorder	☐ Lupus	☐ Mental/behavioral health conditions	☐ Sickle cell disease (**NOT** Sickle cell trait)

☐ Other (Specify):

Does your child wear glasses/contacts? ☐ Yes ☐ No

Does your child wear hearing aid(s)? ☐ Yes ☐ No

Health Insurance

Please check the appropriate box: ☐ Private Health Insurance ☐ Florida KidCare/ Florida Healthy Kids ☐ Medicaid ☐ None

If NONE, do we have your permission to forward the student's name, parent's name, contact information, and current health insurance coverage status to Florida KidCare Insurance for health insurance screening to see if you may be eligible for health insurance coverage?

☐ Yes, please sign here: _____ ☐ No

Release of Medical Information and Emergency

I hereby authorize for my child's medical information, parental contact information, and other health information (collected from health services provided at school, including information stored electronically) to be shared with health department officials to address conditions of public health importance, including information to meet and to prepare for potential or confirmed health conditions. For students receiving health services from school or District staff and/or contracted partners, I also authorize the District to share my child's identifiable health information and related demographics with the Florida Department of Health to monitor program compliance by the District and schools and to assess service delivery.

Signature: **Date:**

Medical and other information will be disclosed without consent from the parent/eligible student in case of health emergencies, as permitted by the Family Educational Rights and Privacy Act (FERPA). The school will call for emergency medical care as deemed necessary. Emergency transportation to a health care facility, as determined by paramedics, will be authorized.

Dismissal Information

Regular Dismissal Procedures: On a typical day, how will your child leave school?

☐ Ride in a car	☐ Ride a school bus	☐ Ride public transportation
☐ Attend ON-site after-care program	☐ Attend OFF-site after-care program	☐ Walk or bike home

Emergency Dismissal Procedures: In the event of a severe storm or other unscheduled emergency, your child is instructed to:

☐ Walk home	☐ Ride a school bus as usual	☐ Ride public transportation
☐ Ride home with parent only	☐ Ride home with person indicated on authorized contact list	

Siblings and Home Language

Last Name:	**First:**	**Grade Level:**

Please list any other languages spoken at home:

Survey Questions

Please assist us in understanding the needs of our school community by answering the following questions:

Does your child have access to a computer in your home?	☐ Yes ☐ No
Do you have home internet access?	☐ Yes ☐ No
Does your child have access to the internet on your home computer?	☐ Yes ☐ No
Do you have internet access outside your home?	☐ Yes ☐ No

Please indicate the method of contact you prefer: ☐ Phone call ☐ Text ☐ Email